

PERMISSION SLIP FOR MINOR VOLUNTEER PARTICIPATION IN DRILL OR EXERCISE

I (Parent/Guardian Name): _____ give my
permission for my minor child (Name): _____ to participate in the
(County) _____ drill or exercise.

I understand that all precautions will be taken to ensure no harm or injury comes to the child by the drill participants. I understand you will make every reasonable attempt to contact me should my child be injured. I understand my child will not be placed in a position of harm.

I give my permission for the disaster Coordinator/Drill coordinator to transport and have my child treated if required.

My child's physician is: _____
The phone number is: _____

My emergency contacts are:

Name: _____ Phone: _____
Name: _____ Phone: _____

My child is allergic to the following medications and or substances:

Physical or emotional limitations which may affect exercise participation:

Parent or Guardian does hereby covenant and agree to release and hold harmless the County from and against any and all liability, loss, damages, claims, or actions for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the drill or exercise.

Parent/Guardian

Date: _____

PERMISSION SLIP FOR PARENT OR GUARDIAN